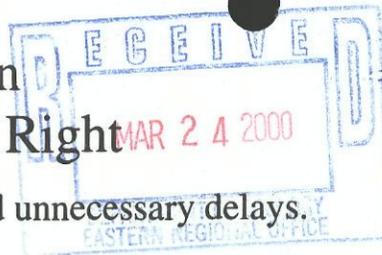




State of Washington  
Application for a Water Right



For Ecology Use  
Fee Paid \$10.00  
Date 3-20-2000

Please follow the attached instructions to avoid unnecessary delays.

**Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM**

Name (City of Grand Coulee) Home Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Mailing Address P.O. Box 180 Work Tel: ( 509 ) 633 - 1150  
City Grand Coulee State WA Zip+4 99133 + 0180 FAX: ( 509 ) 633 - 1370

**Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION**

Same as above  
Name Mayor Tammara Byers Home Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Mailing Address P.O. Box 180 Work Tel: ( 509 ) 633 - 1150  
City Grand Coulee State WA Zip+4 99133 + 0180 FAX: ( 509 ) 633 - 1370  
Relationship to applicant Mayor

**Section 3. STATEMENT OF INTENT**

The applicant requests a permit to use not more than (2,000) ( gallons per minute) or  cubic feet per second) from a  surface water source or  ground water source (check only one) for the purpose(s) of Municipal public water supply (continuous municipal public water supply) ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.  
Estimate a maximum annual quantity to be used in acre-foot per year: 3226

Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:  
From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**Section 4. WATER SOURCE**

<b>If SURFACE WATER</b>	<b>If GROUNDWATER</b>
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>(5)</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>16" DIA up to 400'</u>

**LOCATION**

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:  
1,100 ft. east and 2,100 ft. south of NW corner of Sect. 11

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SW</u>	<u>NW</u>	<u>11</u>	<u>28N</u>	<u>30E</u>	<u>Grant</u>			
<u>NW</u>	<u>SW</u>	<u>11</u>	<u>28N</u>	<u>30E</u>	<u>Grant</u>			

For Ecology Use Date Received: 3-20-2000 Priority Date: 3-20-2000  
SEPA: Exempt/Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
Date Accepted As Complete 11-30-2000 By K8 Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 42

## Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: City of Grand Coulee
- B. Briefly describe your proposed water system. (See instructions.)  
Drill up to 5 wells up to 16" cased diameter and up to 400' - 500' in basalt or until granite is encountered. The new groundwater supply will be used to meet the demand of the City of Grand Coulee's Municipal Public Water Supply System.
- C. Do you already have any water rights or claims associated with this property or system?  YES  NO  
PROVIDE DOCUMENTATION. Surface water rights for 4.0 CFS and 806 AC-FT/YR are on file with DOE. See permit numbers on back page.

## Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: N/A Type of connection N/A  
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system?  YES  NO  
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

**Complete C. and D. only if the proposed water system will have fifteen or more connections.**

- C. Do you have a current water system plan approved by the Washington State Department of Health?  YES  NO  
If yes, when was it approved? N/A Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan?  YES  NO  
If yes, when was it approved? N/A Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Completed for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: N/A
- B. List total number of acres for other specified agricultural uses:  
Use \_\_\_\_\_ Acres \_\_\_\_\_  
Use \_\_\_\_\_ Acres \_\_\_\_\_  
Use \_\_\_\_\_ Acres \_\_\_\_\_
- C. Total number of acres to be covered by this application: \_\_\_\_\_
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)  
Add up the acreage in which you have a controlling interest, including only:  
‡ Acreage irrigated under water rights acquired after December 8, 1977;  
‡ Acreage proposed to be irrigated under this application;  
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres?  YES  NO  
2. Do you have a controlling interest in a Family Farm Development Permit?  YES  NO  
If yes, enter permit no.: \_\_\_\_\_
- E. Farm uses:  
Stockwater - Total # of animals \_\_\_\_\_ Animal Type \_\_\_\_\_ (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_

**Section 8. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water?

YES  NO

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.*

Existing storage structures, an additional structure is planned upon completion of system analysis.

**Section 9. DRIVING DIRECTIONS**

Provide detailed driving instructions to the project site.

Heading west on Sr 174 into Grand Coulee: continue west through the intersection of SR 155, at the first controlled intersection in town: continue NW for approximately 250 ft., walk due west towards powerlines approximately 150 ft. to well location.

**Section 10. REQUIRED MAP**

A. Attach a map of the project. (See instructions.) Maps are attached.

**Section 11. PROPERTY OWNERSHIP**

A. Does the applicant own the land on which the water will be used?

YES  NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Does the applicant own the land on which the water source is located?

YES  NO

If no, submit a copy of agreement:

Some adjacent property is owned by US Bureau of Reclamation. Use agreements will be acquired as required by well location.

**I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.**

Sumner Byers  
Applicant (or authorized representative)

FEB 15, 2000  
Date

\_\_\_\_\_  
Landowner for place of use (if same as applicant, write "same")

\_\_\_\_\_  
Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Permit #4472 (53-\*06867C) 1.8 cfs (1949)

Certificate #53-01098C 2.2 cfs (1971)

We are returning your application for the following reason(s):	
Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) incomplete is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).